Kent Police Federation Group Insurance Scheme

Officer's payroll number:





Partner Application Form (Late Joiner)

Definition of partner - a partner is defined as your legal spouse or civil partner. If you are not married or you do not have a civil partner, a person who is co-habiting with you and has done so for at least six months prior to joining the scheme and is financially dependant or interdependent with you.

Please return the completed form to: Kent Police Federation, 67 Queen Elizabeth Square, Maidstone, Kent, ME15 9DA Once completed you must print this form and sign it.

This section is	s to be completed by the Partner:					
Surname:			Forename(s):			
Date of birth:	/ /		Email:			
Address:						
I declare that I	am in good health and:					
for any form of 2. I am not curre (includes dial (Excludes tab. 3. I have never	st 12 months, I have not attended or beer of advice, test, investigation or operation ently receiving any treatment, medication betes), physical or psychiatric condition, oblets, medicine or drugs taken for asthmatic been tested positive for HIV/AIDS, or Help for any sexually transmitted infection in	(excluding or medica or awaiting a, colds, integratitis B or	consultations for al attention, either any medical or s fluenza, routine va C, nor am I awai	colds,asthma, influction regularly or irregularly or irregulation of consultation accinations, or conting the result of su	uenza or pregnancy arly for any medica n, test or investigati traception). uch a test. I have no	/) I ion.
4. No application declined, post hazardous pu	on to an Insurance Company for life, act stponed, offered or accepted with special ursuits.	cident or s terms or r	sickness insurance estrictions, or bee	ce, or critical illnes en withdrawn for an	ss cover has ever by medical reason o	oeen or
I share a joint scheme mem	t financial commitment with the employee nbership; my membership is dependent o	e/member on continuit	of the scheme an ty of cover by the	d understand that i employee/member	f I am admitted to	
information you circumstances.	have taken reasonable care to ensure tha u have provided to us is to the best of you . If your circumstances change, please in ate or incomplete, this may result in refus	ır knowled form us. If	lge true, accurate we or the insurer	and complete and discover that the d	reflects your currer letails provided to u	nt s are
I hereby apply t	o join the scheme with effect from:					_
Signed:		Da	te:	/		
whichever occu	emain in the scheme until they reach irs first. Benefit levels depend on the s for further information.	the age e age of	of 70 years or the subscribing	until the serving officer. Please r	officer reaches 7 efer to the Feder	0 years, ation or
Beneficiary de	etails (Please notify the Federation in	mmediate	ely of any chang	jes to your perso	nal or beneficiary	details)
Surname:			Forename(s):			
Address:						
			Email:			
			Relationship to member:			
This section is	to be completed by the Serving (Officer	to mombon.			
Surname:			Forename(s):			
Collar number:			Email:			
-	rise the deduction of the sum of £6.00°	_				
£0.11 in respect Signed:	t of my partner's membership of the a	bove sch	eme. *Premiums are Date:	subject to periodic revie	w and may go up or dow	ın.
*The premiums paya	ble will be subject to periodic review and may go up	or down.	l		·	

Date officer joined scheme:

Data Privacy Notice

George Burrows is a trading name of Arthur J. Gallagher Insurance Brokers Limited (Gallagher).

We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies. We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.

Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at https://www.ajg.com/uk/brokerage-privacy-policy/. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.

If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

